

LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL

REVISED

(PLEASE CHECK ONE)

Candidate Name	Diane Champion		
Residence Address	403 Harry Ave N		
City and Zip Code	Lehigh Acres FL 33971		
Mailing Address (if different)	<input checked="" type="checkbox"/> Check if same as above.		
Telephone Number(s) (Daytime)	239-368-9468	OR	239-770-2856
Email Address	dia402@msn.com		
Office Sought	Lee Memorial Health System		
Area, District, Group Or Seat Number	District 4		
Political Party (if applicable for office sought)	Non-Partisan		
Date Of Birth Or Voter ID #	10/24/42		
Date	6/1/10		
Candidate Signature	X <i>Diane Champion</i>		

* 10JUN01PM1057 SDE Lee Co FL

All information on this form becomes a public record upon receipt by the Lee County Supervisor of Elections.

Under Florida Law, email addresses are public records; if you do not want your personal email address released, you may wish to create a "campaign-specific" email address. An email address will allow the Lee County Supervisor of Elections Office to provide a candidate with expedited written-communications and notices in addition to mailed written-communications and notifications.

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES
(Section 106.021(1), F.S.)

OFFICE USE ONLY

①

(PLEASE PRINT OR TYPE)

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Diane Champion

3. Address (include post office box or street, city, state, zip code)

403 Harry Ave N
Lehigh Acres FL 33971

4. Telephone (optional)

239 368-9468

5. E-mail address (optional)

dia402@msn.com

6. Office sought (include district, circuit, group number)

Lee Memorial Health System Dist 4

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Jo DEA Barker

11. Mailing Address (If post office box or drawer, also include street address)

520 Clayton Ave

12. Telephone

(239) 770-1170

13. City

Lehigh Acres

14. County

Lee

15. State

FL

16. Zip Code

33972

17. E-mail address (optional)

scoobydoo62964@yahoo.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

BB & T Bank

20. Street Address

1190 Homestead Rd N

21. City

Lehigh Acres

22. County

Lee

23. State

FL

24. Zip Code

33936

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

6/1/10

26. Signature of Candidate

X *Diane Champion*

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Jo DEA Barker, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6/1/10

Date

X *Jo DEA Barker*

Signature of Campaign Treasurer or Deputy Treasurer

10 JUN 01 PM 10:57 SDE LEE Co F1

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES
(Section 106.021(1), F.S.)

OFFICE USE ONLY

2

(PLEASE PRINT OR TYPE)

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Deane Champion

3. Address (include post office box or street, city, state, zip code)

403 Harry Ave N

4. Telephone (optional)

2393689468

5. E-mail address (optional)

dia402@msn.com

Lehigh Acres FL 33971

6. Office sought (include district, circuit, group number)

Lee Memorial Health System Dist 4

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Deane Champion

11. Mailing Address (If post office box or drawer, also include street address)

403 Harry Ave N

12. Telephone

2393689468

13. City

Lehigh Acres Lee

14. County

15. State

FL

16. Zip Code

33971

17. E-mail address (optional)

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25. Date

6/1/10

26. Signature of Candidate

X Deane Champion

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Deane Champion, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6/1/10

Date

X Deane Champion

Signature of Campaign Treasurer or Deputy Treasurer

0JUN10AM1057SOELEE Co F1

**AFFIDAVIT OF INTENT
LEE COUNTY
SPECIAL DISTRICT CANDIDATE**

A special district candidate is prohibited from financing ANY PORTION OF his/her campaign with personal funds except as provided in this affidavit.

State of Florida
County of Lee

I, Diane Champion, am a candidate for the Special District
(print name)

office of: Lee Memorial Health System District 4
(include district name and district, seat, area or group#)

in the November 2010 General Election. I understand that my campaign expense, from
(date of election)
personal funds, shall be the \$25 candidate-qualifying-fee or the signature verification fee for candidates who qualify by submitting 25 valid candidate petition signatures.

Provided that these are my only campaign expenses, I will not be required to: appoint a campaign treasurer, designate a campaign depository or file periodic campaign treasurer's reports as required by Florida Statutes §99.061 or §106.07 and, therefore, during my campaign, I am prohibited from expending, collecting, soliciting or accepting any money or contribution(s) in-kind, in connection with my campaign.

In the event I later decide to, collect, solicit, or accept any money or contribution(s) in-kind, or make any campaign expense, prior to doing so, I understand that I AM REQUIRED TO FIRST FILE Form DS-DE 9 (Appointment of Campaign Treasurer/Designation of Campaign Depository Form) with the Lee County Supervisor of Elections. My campaign shall then be subject to campaign finance regulations in accordance with Florida Statutes, Chapter 106 and I will be required to file periodic campaign treasurer's reports as required by Florida Statute §106.07 with the Lee County Supervisor of Elections.

X Diane Champion
Signature of Candidate

6/1/10
Date

FS 106.021(1)(a) "No person shall accept any contribution or make any expenditure with a view to bringing about his or her nomination, election, or retention in public office, or authorize another to accept such contributions or make such expenditure on the person's behalf, unless such person has appointed a campaign treasurer and designated a primary campaign depository."

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